

Facsimile Transmission Form

To:

RECEIVED
CENTRAL FAX CENTER
FEB 17 2005

From:

Message: fax

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i>		Application Number	09/849,793
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Confirmation No.	1989
		Filing Date	May 4, 2001
		First Named Inventor	Shyh-Mei F. Ho
		Art Unit	2126
Title: CICS BMS (Basic Message Service) Metamodel			

Please change the Correspondence Address for the above-identified application

to:

 Customer Number

29141

RECEIVED
CENTRAL FAX CENTER

FEB 17 2005

Type Customer Number here

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor.
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed

Name: Romualdas Strimaitis, Reg. No.: 35,697

Signature

Date

2/17/05

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

Attorney Docket No: SVL920010041US1